



# American Telemedicine Association

NOTED OR LATE FILED

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July 16, 1998

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The Honorable William Kennard  
Chairman  
Federal Communications Commission  
1919 M Street, NW  
Washington, DC 20554

RE: CC Docket Nos. 97-21 and 96-45/

Dear Mr. Chairman:

On behalf of the American Telemedicine Association (ATA), I wish to provide you with our comments regarding the proposed new entity that will be responsible for administering universal service programs. Specifically, we wish to make a few suggestions affecting the rural health program.

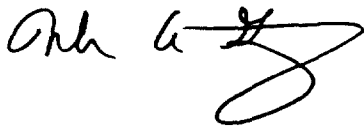
ATA is the leading national non-profit association promoting telemedicine. The Association's membership is composed of the nation's leading professionals and organizations actively engaged in the field of telemedicine. ATA's membership includes individuals from medicine, academia, and the health care, technology, and telecommunications industries joined together to help expand access to health care through telemedicine. ATA has been actively involved with the development of the rural health care program since its inception. Our members have served in an advisory capacity to the FCC and members of Congress in the original writing and implementation of this program.

Overall, ATA has chosen to not become involved in internal matters regarding the FCC's administration of the rural health care program. However, we are concerned that the new structure seriously under-represents individuals with expertise in the rural health program. It is clear that unique expertise is required to understand the telecommunications needs for the delivery of health care services to rural America, just as similar expertise is needed in other areas related to the universal service programs for high cost areas and for the school and library programs. While these programs are well represented on the board, the rural health program is not.

For example, the proposal has laid out an excellent model in crafting the membership of the School and Library Committee. That committee is composed of seven members, four of whom (a majority) are from the area affected by the program. In contrast, the Rural Health Committee will also be composed of seven members but only one individual will represent the interests of rural health care.

While ATA generally endorses the overall consolidation plan, we call on the Commission to change the make up of the Board related to rural health and ensure that, at minimum, there is increased representation from rural health interests in the Committee making decisions on rural health programs.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mark Goldberg', with a stylized flourish at the end.

Mark Goldberg, MD  
President